## **SUBSTITUTE FORM W-9**

## Request for Taxpayer Identification Number

Vendor #	
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We are in the process of updating our provider records. As part of that process, we are requesting that you complete this Substitute Form W-9. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 31% federal income tax withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code.

1.a.	Taxpayer Name	(The legal entity name registered with IRS if a corporation or partnership; the business owner's name if sole proprietor)		
1.b.	Taxpayer Addres	SS		
1.c. (Make	Doing Business Checks Payable			
2.	Taxpayer Identifi	axpayer Identification Number (TIN):		
	a. Corporation	(List employer identification number)		
	b. Partnership	(List employer identification number)		
	c. Sole Proprie	torship (List social security number or employer identification number)		
	d. Tax Exempt	Entity  (List employer identification number)		
	e. Other-Please	e Explain		
3.	<ul> <li>Certification:</li></ul>			
		(Print Name) TITLE/OFFICE		
4.	Signature			
_		(Signature)		
5.	Today's Date:			
6.	Daytime Telephone Number:			

PLEASE NOTE: INFORMATION REPORTED ON LINES 1.a., 1.b., AND 2 MUST BE CONSISTENT WITH DATA REGISTERED WITH THE IRS AND THE SOCIAL SECURITY ADMINISTRATION.

RETURN COMPLETED FORM TO:

CITY OF BANGOR FINANCE DEPARTMENT 73 HARLOW STREET BANGOR, ME 04401